

**Success Beyond the Classroom (SBC)
SWCS Scholarship Application
2014-2015 School Year**

Application DEADLINES:
(Marching Band) **May 30, 2014**
(Fall) **August 1, 2014**
(Winter) **November 14, 2014**
(Spring) **March 13, 2015**

Completed applications may be returned to your school's athletic director before the end of the school day on the deadline date.

Applications may also be mailed to: 6382 Wahl Court, Grove City, Ohio 43123
Mailed applications must be received – not just postmarked – by the deadline date.

*Athletic Directors: Please ensure that all applications turned in to you are delivered to the DSC or the above location **by 4:30 p.m.** on or before the deadline date.*

Student Name _____

School _____ Sport (or band) _____

Name(s) of Parent(s)/Guardian(s) _____

Street Address _____

City, State, Zip _____

Phone _____ Cell _____

Is your father/guardian employed?

(Circle One): Full Time / Part Time / Not Currently Employed

Name of employer: _____

Is your mother/guardian employed?

(Circle One): Full Time / Part Time / Not Currently Employed

Name of employer: _____

Please list all SWCS activities (middle school or high school) in which you participated during the past twelve months. _____

How does your participation in sports/marching band help you to grow as a student?

(Attach additional sheet, if necessary) _____

Please tell us why you feel you deserve a Success Beyond the Classroom Scholarship?

(Attach additional sheet, if necessary.) _____

Scholarship Criteria

Do you qualify for (circle one): Free Lunch Reduced Lunch No Assistance ?

Family/household size (including parents and guardians): _____

During the last school year, how many students in your family/household participated in SWCS middle school and/or high school extra-curricular activities? _____

Please explain any special circumstances that SBC should consider when reviewing your scholarship application, or provide any additional information which may improve your chances of receiving a scholarship (include circumstances such as family illness, extraordinary medical expense, job loss, disability, etc.).

IMPORTANT: Please review your application carefully before signing and submitting it for consideration.

SBC Scholarships are awarded based on the information you provide on this application. Missing or incomplete information may lessen your chances of receiving a scholarship. Thank you.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____